

DISCUSSION GUIDE

Continuing Care Health Service & Accommodation Standards

SUMMER 2005

*“Restoring public confidence
in continuing care health
and accommodation services”*

Please return your response
by July 31, 2005

Alberta

Message from the Co-Chairs

Dear Albertan,

The Honourable Yvonne Fritz, Minister of Seniors and Community Supports, and Honourable Iris Evans, Minister of Health and Wellness, recently established the MLA Task Force on **Continuing Care Health Service and Accommodation Standards** to obtain public feedback on health and accommodation services in continuing care.

Continuing care is the care and support provided to Albertans through nursing homes, auxiliary hospitals, supportive living settings, and home care. Standards for care and accommodation services are being developed to help make sure that these services meet the requirements of the people who need them.

We want to hear the views of Albertans on the proposed standards and the quality of health and accommodation services in continuing care. This discussion guide has been developed to help the Task Force receive your views. Please take the time to complete the questionnaire after reading this discussion guide.

The deadline for responding is July 31, 2005.

In addition to the discussion guide and standards document, additional information and documents related to continuing care are available on our web site at www.continuingcare.gov.ab.ca

We will also be visiting communities across Alberta to gather feedback on the proposed standards. The Task Force will meet with residents and their families, advocacy groups for the disabled and seniors, special interest groups, staff, health care providers, industry associations, professional associations, and other stakeholders.

We value your input and thank you for your participation in this process.

Raymond Prins

MLA, Lacombe-Ponoka

*Chair, Seniors Advisory Council
for Alberta*

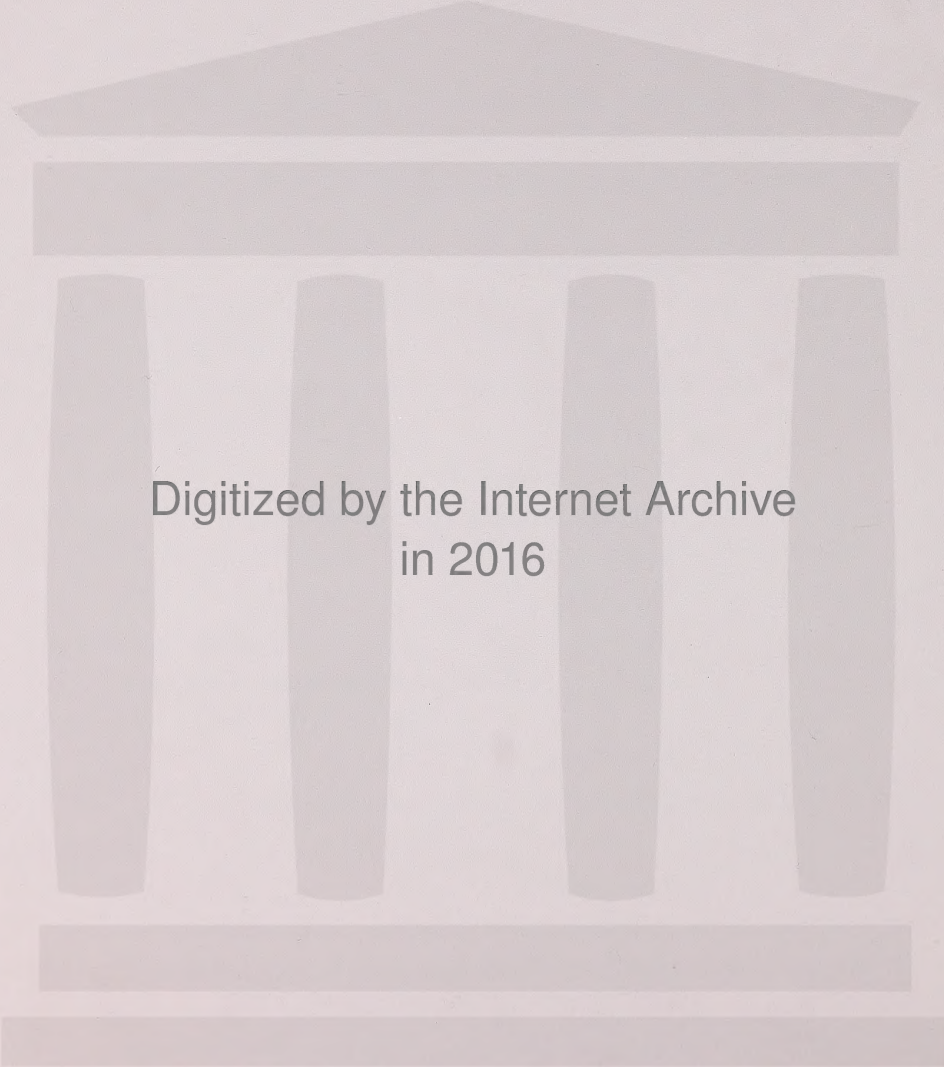
Len Webber

MLA, Calgary-Foothills

*Chair, Healthy Aging and
Continuing Care In Alberta
Implementation Advisory Committee*

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Introduction

Alberta Health and Wellness and Alberta Seniors and Community Supports have developed new standards for health services and accommodation in continuing care. The new standards will update the Basic Service Standards which were developed in 1995 for nursing homes and auxiliary hospitals.

The proposed **health service standards** set the vision for all publicly funded health services in continuing care. The proposed **accommodation standards** would apply to all supportive living and long-term care facilities in the province. The MLA Task Force is asking Albertans for feedback on the proposed standards for both health services and accommodation services.

Types of Continuing Care Services

Home Living <ul style="list-style-type: none"> • Houses • Apartments • Condominiums 	Supportive Living <ul style="list-style-type: none"> • Lodges • Enhanced Lodges • Designated Assisted Living 	Facility Living <ul style="list-style-type: none"> • Long-Term Care Facilities • Nursing Homes • Auxiliary Hospitals
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Home Living

This housing option is for people who are able to live in their family home. In order to support continued independent living, home care services may be provided.

Supportive Living

Supportive living combines residential services with some health and personal care services. Supportive living options can also include residential options such as group homes for disabled adults.

Types of Supportive Living

Seniors Lodges

Lodges are for seniors who are functionally independent with or without the assistance of services such as home care. Core services provided by lodges include basic room furnishings, meals, housekeeping and linen services, building security, 24-hour non-medical staffing and life enrichment services.

Enhanced Lodges

Enhanced lodges provide services beyond the core services in seniors lodges which may include personal care, medication support, home care services, and light housekeeping. Some enhanced lodges have specialized services for persons with Alzheimer's disease or other dementia.

Designated Assisted Living (also Designated Supportive Living or Designated Supportive Housing)

The term 'designated' refers to living spaces for people who require a high level of personal care and support services. Operators provide personal and support services to these residents based on their assessed needs.

Facility Living

Facility living includes nursing homes and auxiliary hospitals. People with complex and chronic health needs who require support and 24-hour registered nursing care from nursing staff are placed in these facilities.

Continuing Care Health Service Standards

Background and Context

The draft **Continuing Care Health Service Standards** set a vision where all people can achieve quality of living through responsive services. This collaborative vision emphasizes the individual's right to information that allows them to make responsible choices regarding their health, supported by relatives, friends and community network. Most of all, the standards seek to guarantee that all persons are treated with respect and dignity.

The guiding principles consistent with this vision are focused on:

- wellness and prevention
- client centred access to information and privacy
- individual and shared responsibility
- effectiveness and efficiency
- quality assurance and improvement

The current standards for continuing care are outdated. Alberta is presently putting into use a new assessment and care planning tool (interRAI) that will help provide consistent assessment and care planning across the province.

Alberta Health and Wellness establishes health service standards and sets performance expectations for safety, consistency and reliability. Regional health authorities establish regional standards that set optimum performance requirements for best practice, fiscal sustainability, and quality outcomes. Individual operators and agencies establish operational standards that serve as operational guidelines and protocols. Regulatory bodies for health professionals ensure that health professionals meet established or acceptable standards for competence and conduct.

The proposed **Continuing Care Health Service Standards** support evidence-based best practice and ongoing quality improvement.

Accommodation Standards

Alberta Seniors and Community Supports has responsibility for accommodation services which include:

- maintenance and building safety
- meals, housekeeping, and laundry services
- safety and security services
- personal and residential services
- human resources
- management and administration

In Alberta, there are about 20,600 people living in approximately 400 supportive living facilities (lodges, enhanced lodges, designated assisted living, group homes, adult family living, and family care homes). There are about 14,400 people living in approximately 200 long-term care facilities (auxiliary hospitals and nursing homes).

The proposed **Accommodation Standards** will extend beyond nursing homes and auxiliary hospitals to include the full range of supportive living including; lodges, enhanced lodges, and designated assisted living. Also included will be group homes for adults with disabilities.

The Accommodation Standards are intended to ensure high quality accommodation services while promoting the safety, security and quality of life of Albertans living in those facilities. The standards were developed in conjunction with the Alberta Long Term Care Association (ALTCA), the Alberta Senior Citizens' Housing Association (ASCHA), public and private supportive living operators, long-term care operators, and regional health authorities.

Providing Feedback

Thank you for taking the time to submit your feedback on the proposed standards for health services and accommodation services.

**The deadline for submission is July 31, 2005.
All submissions will remain confidential.**

There are several ways you can send your response:

- **Mail the postage pre-paid envelope included with this discussion guide to:**

MLA Task Force on
Continuing Care Health Service
and Accommodation Standards
c/o Communications
22nd floor, Telus Plaza North Tower
10025 Jasper Avenue
Edmonton, Alberta
T5J 1S6

- **Fax it** to (780) 422-1515, or to connect toll-free, first dial 310-0000 and then the fax number.
- **Submit your response online** on the MLA Task Force web site at:
www.continuingcare.gov.ab.ca

If you need help completing this discussion guide or have any questions about the MLA Task Force, please call Alberta Connects toll-free at 310-4455.

Once the feedback from the discussion guide and stakeholder consultation has been received, the MLA Task Force members will review the information, develop recommendations and complete a report. The report will be submitted to the Minister of Health and Wellness, Honourable Iris Evans, and the Minister of Seniors and Community Supports, Honourable Yvonne Fritz, for consideration in developing continuing care health service and accommodation standards.

Updates will be provided on the web site
www.continuingcare.gov.ab.ca

Questionnaire

PART ONE: Draft Standards for Continuing Care Health Services

Putting Individuals First: Ensuring Quality Health Services for Residents and Clients Receiving Health Services in a Continuing Care Program

This section focuses on the importance of an individualized resident care plan, where targets and expectations, and provision of services are developed with the client or representative.

1. Albertans have timely access to continuing care health services based on assessed unmet needs.

Individuals with chronic health needs frequently require assistance in finding the right health care service. The draft standards support the province wide implementation of a single contact and phone number in every region where people needing continuing care (chronic care) health services have information and assistance in finding services.

Will the draft standards assist Albertans in accessing continuing care services?

Are there any other measures that would help ensure that Albertans have satisfactory access to continuing care services?

2. Albertans requiring continuing care health services should receive services based on their individualized needs, with opportunities to participate in their care.

Albertans have told us that services are not responsive to their varying individual needs. They would like to continue to be in control of their lives, as much as possible. The draft standards are based on the principle that individualized care starts with a detailed assessment of each individual. Service provision should be based on knowing the needs of individuals.

Quality of life is improved when individuals are given the opportunity to actively participate with health care providers in setting goals and planning for health services.

In your opinion, do the draft standards support Albertans to be active participants in their own care?

What are the barriers to achieving flexible, responsive continuing care health services?

Are there other strategies that you would like to recommend?

3. Albertans, with complex, multiple chronic health conditions, require integrated and interdisciplinary health care services.

Albertans have told us that there are gaps and overlaps in health services. Health care providers sometimes operate independently and do not always collaborate in teams. The draft standards are based on the principle that individuals with complex chronic diseases are best served by:

- integrated and interdisciplinary care plan
- health professional with assigned responsibility, as a case manager
- coordination and communication of services among all members of the health care team

In your opinion, do the draft standards enable Albertans requiring continuing care services to receive integrated care?

What are the barriers to achieving integrated care planning and services?

Are there other strategies that you would like to recommend?

4. Albertans requiring continuing care health services receive quality services from highly skilled professional and non-regulated health care providers.

The draft standards support professional practice standards and other policies and procedures that guide health care providers. The standards link the levels and types of services to the assessed unmet need.

Will the standards support continuing care services delivered by appropriate staff with the best skill set to serve the resident?

What are the barriers to services matching unmet care needs?

Are there other strategies that you would like to recommend?

PART TWO: Creating a Culture for System Quality Improvement and Quality Assurance Standards of Practice

This section outlines the roles and responsibilities of Alberta Health and Wellness, the regional health authority and operators/agencies in the accountability processes to monitor and improve the quality of health care services.

- 1. Albertans are assured that continuing care services are of the highest quality and that opportunities are taken to continually improve the quality of service provided and the quality of life of the resident.**

In your opinion, do the draft standards support quality health services?

2. Albertans are assured that the quality of health services are being monitored and changed, as necessary.

Accountability processes include monitoring the quality of services by:

- establishing expectations and performance measures
- selecting strategies
- monitoring progress
- evaluating and reporting the results
- corrective action as required

The standards focus on monitoring and reporting on quality indicators, including adverse events and reportable critical incidents.

Do the standards clearly define accountability and responsibility?

3. Are there any other issues you feel are not adequately addressed by the new draft standards for continuing care services?

PART THREE: Proposed Accommodation Standards

Accommodation standards will promote the safety, security and quality of life for Albertans in supportive living and long-term care facilities.

Currently, there are a number of existing regulations, standards, and bylaws set by federal, provincial and municipal bodies that apply to different types of facilities. Examples include the Building Standards Code, Fire Code, Occupational Health and Safety Code, *Public Health Act*, *Alberta Housing Act*, and *Residential Tenancies Act*.

Privately owned and operated facilities that provide supportive living must meet certain requirements but are not required to report their housing operations to government. It is proposed that the accommodation standards for supportive living should apply to all facilities – publicly and/or privately owned and/or operated.

Application of Standards

For the following statements, please indicate whether you agree, disagree, are unsure or have no opinion.

All supportive living facilities in Alberta, whether they do or do not receive government funding, should have to abide by the same set of basic accommodation standards.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No Opinion

Comments:

All supportive living facilities in Alberta, whether they do or do not receive provincial government funding, should require a license to operate.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No Opinion

Comments:

Monitoring and Compliance

A monitoring and compliance process would be required to ensure operators comply with the accommodation standards in their housing operations.

How often should supportive living and long-term care facilities be reviewed in order to ensure they comply with accommodation standards? Please indicate your preference.

- ☐ More than once a year
- ☐ Once a year
- ☐ Once every two years
- ☐ Once every three years
- ☐ Less than once every three years
- ☐ Unsure
- ☐ No opinion

Comments:

What methods should be used to enforce accommodation standards in supportive living facilities and long-term care facilities?

The following series of statements ask for your opinions on which organizations are best equipped to review compliance with the accommodation standards. Please indicate whether you agree, disagree, are unsure or have no opinion.

An existing organization that has expertise in monitoring or reviewing facilities (e.g. the Health Facilities Review Committee) should have its responsibilities expanded to include examining accommodation services in supportive living and long-term care facilities.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No opinion

An arms-length government body should be created to undertake this responsibility.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No opinion

A branch in a government department should assume a direct monitoring role.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No opinion

A third party, professional organization should be retained by government to monitor compliance.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No opinion

☐ Other:

Comments:

Building Design

Where there is no government funding, the government should set minimum building design standards in areas such as room size, storage guidelines, size of work space, and so on.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No opinion

Comments:

Complaints Process

Seniors and Community Supports should require RHAs to report the number and nature of complaints they have received or have investigated regarding accommodation services.

- ☐ Agree
☐ Disagree
☐ Unsure
☐ No opinion

Comments:

The following statements ask for your opinions on how Seniors and Community Supports should manage accommodation-related concerns. Please indicate whether you agree, disagree, are unsure or have no opinion.

The department should investigate all concerns directly.

- ☐ Agree
- ☐ Disagree
- ☐ Unsure
- ☐ No opinion

The department should create an external (arms-length) committee to investigate all concerns and report their findings and recommendations to government.

- ☐ Agree
- ☐ Disagree
- ☐ Unsure
- ☐ No opinion

The department should work with Health and Wellness to create a shared process for investigating both health and accommodation-related concerns.

- ☐ Agree
- ☐ Disagree
- ☐ Unsure
- ☐ No opinion

Comments:

Please use the additional space at the end of this discussion guide to identify any additional thoughts or recommendations you have about continuing care health and accommodation services. Thank you again for taking the time to provide your comments.

PART FOUR: Tell us about your interest in continuing care health services and accommodation standards

I am currently receiving continuing care services in (please check one):

Home Living*

- ☐ House
☐ Apartment
☐ Condominium

* *Home care services
over three months*

Supportive Living

- ☐ Group Home
☐ Lodge
☐ Enhanced lodge
☐ Assisted Living
☐ Designated Assisted Living
☐ Other: _____

Facility Living

- ☐ Nursing Home
☐ Auxiliary Hospital

I currently have a relative or relatives receiving services in (please check all that apply):

Home Living*

- ☐ House
☐ Apartment
☐ Condominium

* *Home care services
over three months*

Supportive Living

- ☐ Group Home
☐ Lodge
☐ Enhanced lodge
☐ Assisted Living
☐ Designated Assisted Living
☐ Other: _____

Facility Living

- ☐ Nursing Home
☐ Auxiliary Hospital

I work / volunteer in (please check all that apply):

Home Living*

- ☐ House
☐ Apartment
☐ Condominium

* *Home care services
over three months*

Supportive Living

- ☐ Group Home
☐ Lodge
☐ Enhanced lodge
☐ Assisted Living
☐ Designated Assisted Living
☐ Other: _____

Facility Living

- ☐ Nursing Home
☐ Auxiliary Hospital

Additional Comments

Please use this space to provide any further comments you have concerning standards for continuing care health and accommodation services.

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Government MLA Task Force on Continuing Care Health Service and Accommodation Standards

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Web site: www.continuingcare.gov.ab.ca

For **additional copies** of this discussion guide please call 310-4455 (if you have a TTY phone call 1-800-232-7215), or visit the MLA Task Force web site at www.continuingcare.gov.ab.ca to download and print a copy.

If you require the discussion guide in an **alternate format**, please call 310-4455 or if you have a TTY phone call 1-800-232-7215.